

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/740847  
APPLICANT(S)  
..

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/		2	
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TAL	3			
TAL P.	15	↓	↓	↓
TAL AIMS	18	↓	↓	↓

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

BEST AVAILABLE COPY